



# VOLUNTEER APPLICATION

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## MOON TOWNSHIP PENNSYLVANIA

NAME (FIRST, LAST)

DATE

ADDRESS (STREET NAME)

CITY

STATE

ZIP

PHONE

EMAIL

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

UNDER 18 (PARENT GUARDIAN NAME)

PARENT/GUARDIAN NAME - PHONE

All volunteers 18+ MUST OBTAIN ALL REQUIRED CLEARANCES – see website prior to volunteering

### AREAS OF INTEREST

Events/Programs

Summer Camp Jr. Counselor

Trail Stewardship

Historical Program Docent

Park Beautification/Clean Ups

Fire Dept.

Family Fun Night/Concession

Farmers' Market

Community Development

Other (specify)



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## MOON TOWNSHIP PENNSYLVANIA

### Why would you like to be a Moon Township Volunteer?

### When are you available to volunteer?

Year – round

Comments

Summer only

Daytime

Evenings

Weekends

### T-Shirt Size

SM

M

L

XL

XXL

XXXL

### Please provide THREE character references:

NAME (FIRST, LAST)

  
  

PHONE

  
  

### WAIVER

I understand that I or my child (if applicant is under 18) releases the Township of Moon and Township Personnel from liability. I understand and acknowledge that as a Moon Township Volunteer, I or my child (if applicant is under 18) will not be covered by the Township of Moon and Workers Compensation policy or any other insurance policies for any injuries or damages sustained while performing volunteer duties as outlined in the volunteer job description. In the event of an emergency, I hereby give the Township of Moon permission to seek medical attention for myself or my child (if applicant is under 18). I grant permission to use mine or my child's likeness in a photograph or video in any and all of the townships publications, without payment or other consideration.

SIGNATURE OF VOLUNTEER/ PARENT OR GUARDIAN

DATE

CHROME/FIREFOX MUST DOWNLOAD FORM FIRST, THEN SUBMIT